

Application or Document Number

Substitute for Form PTO-875

(Column 1)

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))

* If the difference in column 1 is less than zero, enter '0' in column 2

CLAIMS AS AMENDED - PART II

A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLINICAL DISORDER
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SMALL ENTITY	
RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
\$ _____ =	
TOTAL	

OTHER THAN SMALL ENTITY	
RATE	FEE
	1 _____
K 1 _____ =	
K 1 _____ =	
1 1 _____ =	
TOTAL	

Q FIRST PRESENTATION OF MULTIPLE DEFENDANT CASE (1) OF R 16(2)

RATE	ADDL MONTHLY FEE
1.2 _____ =	
1.1 _____ =	
1.1 _____ =	
TOTAL ADDL FEE	

Q4	Q4	ADDITIONAL FEE
Q5	K 1 _____ :	
Q6	K 1 _____ :	
Q7	K 1 _____ :	
Q8	TOTAL ADDITIONAL FEE	

4) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 SEP 1981)

2.411	4.001 1.011.1
X 1 _____ €	
X 1 _____ €	
4 1 _____ €	
TOTAL 2.011.1	

DATE	ADDITIONAL REC
8-1 _____ : <small>(first page only)</small>	
8-1 _____ : <small>(last page only)</small>	
8-1 _____ : <small>(last page only)</small>	
TOTAL ADDITIONAL REC	

- If the entry in column 1 is less than the entry in column 2, write '0' in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20'.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter '3'.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 10, enter '10'.

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